



New Hampshire

Drug Threat Assessment

UPDATE

April 2002

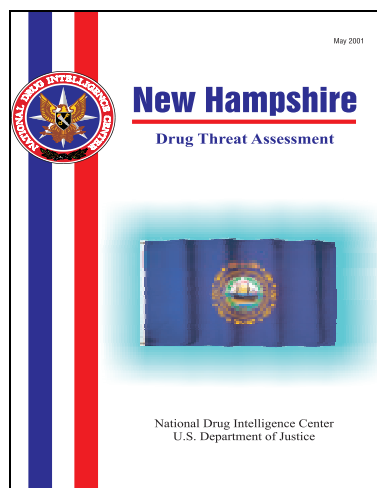


National Drug Intelligence Center
U.S. Department of Justice

Preface

This report is a brief update to the *New Hampshire Drug Threat Assessment*, which is a strategic assessment of the status and outlook of the drug threat to New Hampshire. Analytical judgment determined the threat posed by each drug type or category, taking into account the most current quantitative and qualitative information on availability, demand, production or cultivation, transportation, and distribution, as well as the effects of a particular drug on abusers and society as a whole. While NDIC sought to incorporate the latest available information, a time lag often exists between collection and publication of data. NDIC anticipates that this update will be useful to policymakers, law enforcement personnel, and treatment providers at the federal, state, and local levels.

The *New Hampshire Drug Threat Assessment* was produced in May 2001 and is available on NDIC's web site www.usdoj.gov/ndic or by contacting the NDIC dissemination line at 814-532-4541.





New Hampshire Drug Threat Assessment Update

Overview

The distribution and abuse of illegal drugs and the diversion and abuse of pharmaceuticals pose serious threats to New Hampshire. Heroin has emerged as the most significant drug threat to the state because of the availability and abuse of high purity, low cost South American heroin. Cocaine remains a serious threat, and crack cocaine abuse is increasing. Marijuana is the most readily available and commonly abused drug in New Hampshire; however, marijuana poses less of a threat than heroin or cocaine because its effects are less debilitating and it is not commonly associated with violent crime. Other dangerous drugs, including MDMA, LSD, and diverted pharmaceuticals, currently represent minor threats to the state. The threat posed by methamphetamine is low, but there are indications that abuse and availability are increasing.

Heroin

Heroin has recently emerged as the most significant drug threat to New Hampshire, according to federal, state, and local law enforcement sources. The number of heroin-related treatment admissions to publicly funded facilities increased steadily from 107 in 1996 to 173 in 1999, according to the Treatment Episode Data Set (TEDS). (See Table 1 on page 2.) In fiscal year (FY) 2000, the State of New Hampshire Office of Chief Medical Examiner reported that heroin was a factor in over 50 percent of the 30 drug-related deaths reported in the state. Law enforcement sources report that the level of heroin abuse is high and increasing, and heroin abuse among young people is a particular concern. High purity, low cost heroin is attracting a new abuser population, especially among young adults who snort or smoke the drug rather than inject it. The New Hampshire State Police reports that the number of young people

**Table 1. Drug-Related Treatment Admissions to Publicly Funded Facilities
New Hampshire, 1994–1999**

Year	Heroin	Cocaine	Marijuana	Methamphetamine
1994	57	233	374	7
1995	118	188	460	5
1996	107	235	605	6
1997	135	187	646	10
1998	154	187	763	7
1999	173	188	630	16

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set.

using heroin is increasing. The Somersworth Police Department reports that in the past only a few “career heroin” abusers resided in the city, but now heroin abusers as young as 16 years of age are common.

Federal, state, and local law enforcement officials report that heroin is available throughout New Hampshire, and the availability of high purity, low cost South American heroin is a particular concern. The New Hampshire State Police and the New Hampshire Drug Task Force report that heroin is increasingly available throughout the state. The Northern New England High Intensity Drug Trafficking Area (HIDTA) Task Force reports a sharp increase in the availability of heroin in Manchester, New Hampshire’s largest city. The Drug Enforcement Administration (DEA) reports an increase in the availability of heroin in the seacoast and southeast regions and in the city of Keene. According to DEA, in the first quarter of FY2002, heroin sold for \$7 to \$20 per bag; purity levels were not available.

Local independent Caucasian dealers and abusers obtain South American heroin from Dominican criminal groups based in Massachusetts and New York and transport the drug back to the state for retail distribution. The Cross Borders Task Force reports that most of the heroin in New Hampshire is transported into the state by New

Hampshire-based independent Caucasian dealers and abusers who travel to Lowell or Lawrence, Massachusetts, from the New Hampshire seacoast region. They generally travel in private vehicles via Interstate 95.

Most heroin distribution in New Hampshire occurs at the retail level and primarily is conducted by local independent Caucasian dealers and abusers. However, the New Hampshire State Police reports that some Dominican criminal groups have established residences in Manchester and are supplying increasingly larger quantities of heroin to local independent Caucasian dealers and occasionally are distributing heroin at the retail level. Retail distribution typically occurs in private residences, vehicles, and public areas such as parking lots.

Cocaine

Cocaine remains a serious threat to New Hampshire. Although TEDS data indicate that treatment admission rates for cocaine abuse have remained stable since 1997—187 in 1997, 187 in 1998, and 188 in 1999—state and local law enforcement officials report that crack cocaine abuse is rising. The high levels of violence associated with crack cocaine distribution and abuse are causing concern among law enforcement officials in the state.

Law enforcement reporting and seizure data indicate that powdered cocaine is available throughout New Hampshire and that crack cocaine is becoming increasingly available in certain areas. The New Hampshire Drug Task Force reports that crack availability is increasing in southern New Hampshire, particularly in the cities of Keene, Manchester, Nashua, and Salem. According to Federal-wide Drug Seizure System (FDSS) data, federal law enforcement officials seized 0.4 kilograms of cocaine in FY1999 and 1.1 kilograms in FY2000. In the first quarter of FY2002, powdered cocaine sold for \$80 to \$100 per gram and was 20 percent to 30 percent pure, according to DEA. Crack cocaine sold for \$20 to \$50 per rock; purity levels were not available.

Local independent Caucasian dealers and abusers are the principal transporters of powdered cocaine into New Hampshire. Crack cocaine is transported into the state by local independent African American dealers and New Hampshire-based Dominican criminal groups and dealers. These dealers, abusers, and criminal groups usually travel to Lowell and Lawrence, Massachusetts, in private vehicles to purchase cocaine from Dominican criminal groups. Increasingly, powdered cocaine is converted to crack within the state because criminal penalties are more stringent for possessing crack cocaine than powdered cocaine.

Local independent Caucasian dealers and abusers are the principal powdered cocaine distributors in the state, and independent African American and New Hampshire-based Dominican dealers are the principal crack distributors. Wholesale cocaine distribution in New Hampshire is limited; however, the New Hampshire State Police reports that some Dominican criminal groups have established residences in Manchester and are supplying increasingly larger quantities of cocaine to local dealers. Powdered cocaine and crack cocaine typically are distributed in apartments, bars, and other public places. Crack cocaine also is distributed in abandoned buildings referred to as crack houses.

Marijuana

Marijuana is the most readily available and commonly abused drug in New Hampshire. According to the 1999 National Household Survey on Drug Abuse, 5.9 percent of New Hampshire residents report having abused marijuana in the month prior to the survey compared with 4.7 percent nationwide. Marijuana-related treatment admissions to publicly funded facilities decreased from 763 in 1998 to 630 in 1999; however, the number of admissions reported in 1999 is more than double the number reported in 1994 (374), according to TEDS. (See Table 1 on page 2.)

State and local law enforcement officials report that marijuana is readily available in New Hampshire despite the limited amount of marijuana seized. According to FDSS data, federal law enforcement officials seized no marijuana in FY1999 and 0.4 kilograms in FY2000. The lack of seizures reflects the reallocation of resources to investigations involving other drug types, not a decrease in the supply of marijuana. According to DEA, in the first quarter of FY2002, commercial grade marijuana sold for \$900 to \$2,200 per pound, sinsemilla sold for \$2,500 to \$3,000 per pound, and a marijuana joint sold for \$5.

Mexican criminal groups in Mexico and in southern California, Arizona, and Texas produce most of the marijuana that is available in New Hampshire. Marijuana produced in Canada is available to a much lesser extent. Local independent Caucasian dealers and abusers cultivate cannabis indoors and outdoors to produce marijuana for personal use and distribution within the state.

Mexican criminal groups transport most of the marijuana available in New Hampshire from Mexico and southwest border states. These groups primarily use private and commercial vehicles as well as package delivery services and couriers aboard commercial aircraft to transport marijuana into the state.

Mexican criminal groups generally control the wholesale distribution of marijuana produced in Mexico, southern California, Arizona, and

Texas. Loosely organized local Caucasian criminal groups and local independent Caucasian dealers are the primary retail distributors of marijuana in the state.

Other Dangerous Drugs

The abuse of other dangerous drugs (ODDs)—including the stimulant MDMA (3,4-methylenedioxymethamphetamine), the hallucinogen LSD (lysergic acid diethylamide), and diverted pharmaceuticals—currently poses a minor threat to the state. Teenagers and young adults frequently distribute and abuse ODDs on college campuses and at raves, rave clubs, concerts, and nightclubs.

MDMA

Law enforcement officials report that MDMA is increasingly available. Most of the MDMA available in New Hampshire is produced outside the United States, typically in laboratories in the Netherlands and Belgium. The drug is transported to the United States via package delivery services and by couriers on commercial aircraft arriving in New York City and Boston. Local Caucasian criminal groups and independent Caucasian dealers obtain MDMA in these cities and transport the drug in private vehicles to cities throughout New Hampshire.

MDMA typically is sold and abused on college campuses and at raves, rave clubs, concerts, and nightclubs. Sustained law enforcement activity in the Somersworth area led to the closing of two rave clubs, which substantially decreased the availability and abuse of MDMA in that area. Local Caucasian criminal groups and independent Caucasian dealers are the dominant retail distributors of MDMA in New Hampshire. According to DEA, in the first quarter of FY2002, MDMA sold for \$7 per tablet at the wholesale level and \$20 per tablet at the retail level. DEA reports that powdered MDMA is available in the seacoast region and sells for \$150 per gram.

MDMA, also called Adam, ecstasy, XTC, E, and X, is a synthetic psychoactive drug with amphetamine-like and hallucinogenic properties. Abuse of the drug may cause psychological problems similar to those associated with methamphetamine and cocaine abuse including confusion, depression, sleep problems, anxiety, and paranoia. The physical effects include muscle tension, involuntary teeth clenching, blurred vision, and increased heart rate and blood pressure.

MDMA taken in high doses is extremely dangerous, causing a marked increase in body temperature leading to muscle breakdown and kidney and cardiovascular system failure. MDMA abuse may lead to heart attack, stroke, and seizure as reported in some fatalities at raves. Recent research links MDMA to long-term, possibly permanent damage to parts of the brain that are used for thought and memory. Individuals who develop a rash after abusing MDMA may be at risk of severe liver damage or other serious side effects.

LSD

The distribution and abuse of LSD are not considered major problems in New Hampshire. The New Hampshire State Police reports a decrease in the number of LSD cases in the past year, and it appears that some LSD abusers are increasingly using MDMA instead. Most of the LSD that is available in the state is produced in California. The drug typically is distributed and abused by Caucasian teenagers and young adults on college campuses and at raves, rave clubs, concerts, and nightclubs. The drug typically is administered orally and induces abnormalities in sensory perceptions. LSD abusers may become violent, posing a risk to themselves and others. The Jaffrey Police Department reports that an increase in violent incidents may be attributed to high school students under the influence of LSD. In the first quarter of FY2002, LSD sold for \$3 to \$4 per dosage unit, according to DEA.

Diverted Pharmaceuticals

The diversion and abuse of pharmaceuticals are considered minor threats to New Hampshire. According to state and local law enforcement officials, oxycodone (OxyContin) and methylphenidate hydrochloride (Ritalin)—which are popular among teens and young adults—are the most commonly diverted and abused pharmaceuticals. Typically, pharmaceuticals are diverted via prescription fraud, the sale of prescriptions by some unscrupulous medical professionals, theft, and doctor shopping—visiting numerous doctors to obtain multiple prescriptions.

Local independent Caucasian dealers are the primary distributors of diverted pharmaceuticals in New Hampshire. Pharmaceuticals are distributed at bars and other public venues. In April 2002 OxyContin sold for \$1 per milligram of active ingredient (\$80 for an 80-mg tablet) throughout most of New Hampshire; however, in Manchester it sold for \$0.50 per milligram of active ingredient. Ritalin sold for \$4 to \$6 per tablet.

Methamphetamine

Methamphetamine poses a low but possibly emerging drug threat to New Hampshire. Law enforcement reporting indicates that methamphetamine availability and abuse are increasing, particularly in the seacoast region. According to TEDS, methamphetamine-related treatment admissions to publicly funded facilities increased from 7 in 1998 to 16 in 1999. (See Table 1 on page 2.) Mexican criminal groups transport most of the methamphetamine available in New Hampshire from California using package delivery services. Methamphetamine also is produced in the state. In August 2001 the DEA Boston Division seized a nonoperational methamphetamine laboratory in Plymouth that was capable of producing multiounce quantities. Methamphetamine typically is distributed in private residences, bars, other public venues, and increasingly at raves. Outlaw motorcycle gangs and independent dealers, generally Caucasians, are the principal

methamphetamine distributors in New Hampshire. According to DEA, in the first quarter of FY2002, methamphetamine sold for \$150 per gram at the retail level.

Outlook

Heroin, primarily South American heroin, will remain the most significant drug threat to New Hampshire. Abuse levels and availability appear to be increasing, and this trend is likely to continue. Local independent Caucasian dealers and abusers will continue to obtain South American heroin from Dominican criminal groups based in Massachusetts and New York and transport the drug back to the state for retail distribution.

The availability and abuse of cocaine will remain a significant drug threat to New Hampshire. Law enforcement reporting indicates that crack cocaine abuse is becoming an increasing problem, particularly in southern New Hampshire. Local independent Caucasian dealers and abusers likely will remain the principal distributors of powdered cocaine in the state, while local independent African American dealers and New Hampshire-based Dominican dealers likely will remain the principal crack cocaine distributors.

Marijuana will remain the most frequently abused drug in New Hampshire despite recent indications that abuse levels may be decreasing. Established Mexican criminal groups will continue to supply wholesale quantities of marijuana produced in Mexico to local retail distributors. Caucasian criminal groups, dealers, and abusers will continue to cultivate cannabis to produce marijuana for personal use and for distribution within the state.

The distribution and abuse of ODDs and diverted pharmaceuticals may become increasing problems in New Hampshire. MDMA will likely continue to gain popularity among young individuals who perceive it to be less harmful than other illicit drugs. College campuses, raves, rave clubs, concerts, and nightclubs will remain the primary venues for the distribution and abuse of MDMA.

LSD will likely remain a minor problem in the state. The abuse and distribution of diverted pharmaceuticals, particularly OxyContin and Ritalin, will likely become more prevalent as teens and young adults continue to experiment with and become addicted to these drugs.

The threat posed by methamphetamine production, distribution, and abuse is likely to remain low in the near term. However, recent reporting and treatment statistics that indicate increased availability and higher abuse levels are causing concern among law enforcement officials within the state.

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